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PTO/SE/21 (09-06)
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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

	Application Number	10/759,797				
TRANSMITTAL	Filing Date	January 17, 2004				
FORM	First Named Inventor	Shadduck, John H.				
	Art Unit	3761				
(to be used for all correspondence after initial filing)	Examiner Name	Wiest, Philip R.				
Total Number of Pages in This Submission 4	Attorney Docket Number	S-IOS-00200				

ENCLOSURES (Check all that apply)								
V	Fee Transmittal Form		Drawing(s)			After /	Allowance Communication to TC	
Ì	Fee Attached		Licensing-related Papers				l Communication to Board eals and Interferences	
	Amendment/Reply After Final Affidavits/declaration(s) Extension of Time Request Express Abandonment Request Information Disclosure Statement		Petition Petition to Convert to a Provisional Application Power of Attorney, Revoca Change of Correspondenc Terminal Disclaimer Request for Refund CD, Number of CD(s)	e Address		(Appea	Il Communication to TC al Notice, Brief, Reply Brief) etary Information Letter Enclosure(s) (please Identify):	
	Certified Copy of Priority Document(s) Reply to Missing Parts/ Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.5		marks	, .				
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT								
Firm Name John H. Shadduck								
Signat	ture /	Sh	de					
Printed	John H. Shadduck			,				
Date	November 3, 2006			Reg. No.				
CERTIFICATE OF TRANSMISSION/MAILING								
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Signat	ure	h	Shelle					
Typed	or printed name John H. Shad	Juck				Date	November 3, 2006	

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

PTO/SB/17 (07-06)

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	Effective on 12/08/2004.			Complete if Known					
Plees pursuant to the Cons		riations Act, 2005 (H.R. 4	_ '	Application Num	nber	10/759,7	97		
FEE TRANSMITTAL For FY 2006 Applicant claims small entity status. See 37 CFR 1.27				Filing Date	•	January 17, 2004			
			L	First Named Inv	entor	Shadduck, John H.			
			-	Examiner Name	9	Wiest, Philip R.			
Applicant claims sn	all entity statu	s. See 3/ CFR 1.2/	—[Art Unit	•	3731			
TOTAL AMOUNT OF PA	AYMENT (\$	5) 225	[Attorney Docke	t No.	S-IOS-0	0200		
METHOD OF PAYME	NT (check a	ll that apply)					•		
Check Credit Card Money Order None Other (please identify):									
Deposit Account Deposit Account Number: Deposit Account Name:									
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Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments Under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.									
FEE CALCULATION									
1. BASIC FILING, SE			EES	•					
	FILING	FEES : Small Entity	SEARC	CH FEES Small Entity	EXA	IOITANIN	N FEES Entity		
Application Type	Fee (\$)		Fee (\$)		Fee	/4.	e (\$)	Fees Paid (\$)	
Utility	300	150	500	250	200	10	00		
Design	200	100	100	50	130) 6	55		
Plant	200	100	300	150	160) 8	80		
Reissue	300	150	500	250	600	30	00		
Provisional	200	100	0	0	()	0		
2. EXCESS CLAIM FEES Fee Description Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues) Multiple dependent claims Total Claims Extra Claims Fee (\$) Fee Paid (\$) Small Entity Fee (\$) Fee (\$) Fee (\$) Multiple Dependent Claims Multiple Dependent Claims									
- 20 or HP HP = highest number of to Indep. Claims - 3 or HP =	Extra Clai	or, if greater than 20.		Paid (\$)			Fee (\$)	Fee Paid (\$)	
HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof - 100 = /50 = (round up to a whole number) x =									
Non-English Speci Other (e.g., late file	-	•	-	iscount)				225	
Other (e.g., late III	ing surcharge). \$225 extension te	θ						
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gnature	-MS/	1. Mu	+*	egistration No.			Telepho	ne 415 272-9191	

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Name (Print/Type) John H. Shadduck

Date November 3, 2006